

NOTICE OF TERMINATION OF APPOINTMENT

Please terminate my/our appointment with:

Full and exact name as shown on Certificate of Authority or License:	
Trade Name (dba) if applicable:	
Certificate of Authority or License Number ³ :	Vendor ID Number ³ :
¹ Effective date of appointment termination:	
This appointment is being terminated <input type="checkbox"/> with cause <input type="checkbox"/> without cause. If "with cause," please explain (attach sheet, if necessary):	

TERMINATING PARTY:	
Full and exact name as shown on Certificate of Authority or License:	
Trade Name (dba) if applicable:	
Certificate of Authority or License Number ³ :	Vendor ID Number ³ :

Signature of Terminating Party²

Print name of signer

¹Refer to the Hawaii Revised Statutes §431:9A-115.

²If Terminating Party is: (a) a licensed individual then the individual must sign; (b) a licensed agency then a Designated Representative must sign; or (c) an authorized insurer then it is the insurer's responsibility that an authorized individual sign on their behalf.

³ You can look up this information on our website, <http://www.ehawaii.gov/serv/hils>.

Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
(Express mail only: 335 Merchant Street – Room 213, Honolulu HI 96813)

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